

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	PROCESS FOR OPERATING A SECURITY SYSTEM FOR THE PROTECTION OF PERSONS AND BELONGINGS
Attorney Docket Number::	0507-1069
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	4
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN  
Middle Name::  
Family Name:: MALOT  
Name Suffix::  
City of Residence:: SAINT MARTIN D'URIAGE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 650 ROUTE DU BOULLOUD  
City of Mailing Address:: SAINT MARTIN D'URIAGE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 38410

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN-PIERRE  
Middle Name::  
Family Name:: VILLEROY  
Name Suffix::  
City of Residence:: VAULNAVEY-LE-BAS  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: RUE PASSE-RIVIERE  
City of Mailing Address:: VAULNAVEY-LE-BAS

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 38410

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: GILLES  
Middle Name::  
Family Name:: MOREY  
Name Suffix::  
City of Residence:: SAINT ISMIER  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 200, CHEMIN DES CRETS DE CHAUME  
City of Mailing Address:: SAINT ISMIER  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 38330

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0303253	3/17/03	Yes
FRANCE	0306690	6/3/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::